SELF SERVICE CENTER

PROCEDURES: HOW TO SERVE OF LEGAL PAPERS--BY SHERIFF

Guardianship, Conservatorship, Informal Probate of Estates (Arrange for service ONLY after you have filed your court papers)

STEP 1 ARRANGING FOR SERVICE:

 Go to the sheriff's office with the papers for Service. The Sheriff's Office is located in downtown Phoenix. Even if you file your case at the Southeast Court in Mesa or at the Northwest Court in Surprise, you must still come to the Sheriff's office to arrange for Service. The address for the Sheriff's office is:

> The Sheriff's Office 201 West Jefferson Street Central Court Building Phoenix, Arizona 85003 (602) 256-1835

There is a filing fee for all Petitions and there are Service Fees. You may request a
WAIVER OR DEFERRAL OF FILING FEES (and the Sheriff's Service Fees if you
intend to use the Sheriff's Office for service) at the time you file your papers with the
Clerk of the Court.

STEP 2 DOCUMENTS NEEDED FOR SERVICE:

- Complete the attached sheet for identifying the other person (Page 2) and bring the following with you to the Sheriff's office:
 - 1) A set of copies of the court papers for the person being served.
 - 2) A picture or a written physical description of the other person.
 - 3) A written description of the automobile the other person drives.
 - 4) The address where other person can be served.
 - 5) A Certified Order Waiving/Deferring Fees or a **\$200.00 deposit** fee payable with cash or money order.

STEP 3 AFTER SERVICE IS GIVEN:

• The Sheriff will mail you a copy of the AFFIDAVIT OF SERVICE after he or she serves the other person with the papers. The Sheriff may also file these papers instead of sending them back to you, however, make sure that the Affidavit was filed.

DO NOT COPY OR FILE THIS PAGE

		(Y	OUR NAME)			
		(ADDRESS)			
		(CITY/S	TATE/ZIP COD	E)		
	_	(TELEF	PHONE NUMBE	R)		
(COUNTY)			Cou	nty Sheriff		
(ADDRESS)						
(CITY/STATE/ZIP)						
NAME OF PERSON	TO BE SERVE	D:				
COURT CASE NUM	BER:					
I enclose a copy of t	ne following doc	uments: (LIS	T ALL DOC	JMENTS YC	OU WANT TO) BE SERVED)
1.						
2						
4						<u></u>
Please serve these p		erson. His or 	her current	address and (WORK A		scription are:
ADDRESS)		(HOME (WORK CITY/STATE, ZIP)				
,				(WOINIO	III/SIAIL, ZII	P)
				(WORK O	11 1/31A1L, ZII	P)
(HOME CITY/STATE/ZIP)			(WONIX O	TTT/STATE, ZII	2)
		HGT.	WGT.	EYES	HAIR	SSN
(HOME CITY/STATE/ZIP		HGT.	WGT.	,		,
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September 30, 2005 ALL RIGHTS RESERVED

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